



Family/Sibling Pre-Service Questionnaire

Child's Name: _____

Date: _____

Sibling's Name: _____

Relationship: _____

One thing I like about my brother/sister is: (write or draw a picture)

Sometimes I feel sad/mad/frustrated/unhappy (circle your feelings) **when my brother/sister:**
(write or draw a picture)

One thing I like to DO WITH my brother/sister is: (write or draw a picture)

Another activity I like to DO WITH my brother/sister is: (write or draw a picture)



During the session with the therapist, I want my brother/sister should get help with: (write or draw a picture)

For a reward or 'treat' I like (toys, stickers, stamps, activity etc., not food): (write or draw a picture)

I pinky-promise to help my brother/sister with their speech activities if I can 👍 👎

I pinky-promise to use nice words with my family 👍 👎

I pinky-promise to be a good listener with my family and with the therapist 👍 👎

Signed (write name or draw a picture of yourself)

THANK YOU FOR BEING AN AWESOME SIB! 😊